PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

20176-168 US

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7					RATE	FEE	7	RATE	FEE	
FC	DR .		NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	7 minus 20=		*			X\$ 9=		OR	X\$18=		
INI	DEPENDENT C	LAIMS	/ m	inus 3 =	*			X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than z	ero, enter	"0" in (" in column 2		TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								OTHER THAN					
		(Column 1)	T	(Colun		(Column 3)	Column 3) SMALL			OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	٠,٠	OR	X86=		
L.	FIRST PRESE	NIATION OF M	JUTIPLE DEI	TIPLE DEPENDENT CLAIM				+145=		OR	+290=		
							L	TOTAL		'	TOTAL	2	
(Column 1) (Column 2) (Column 3)								DIT. FEE			ADDIT. FEE		
8		CLAIMS		HIGHE	ST				ADDI-	ſ		ADDI-	
MENDMENT	·	REMAINING AFTER AMENDMENT	l	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	چهرې	
	Independent	*	Minus	***		=		X43=	 ;	OR	X86=	.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-145=		OR	+290=	35 28 35	
								TOTAL DIT. FEE		OB L	TOTAL ADDIT. FEE	202	
	•	(Column 1)		(Colum	ın 2).	(Column 3)		DII. FEE E			ODII. FEEL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Γ	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL													
1	the "Highest Nur	mber Previously Pa ber Previously Paid ber Previously Paid	id For IN THIS	S SPACE is	less than	n 3. enter "3."	•	OIT. FEE L		- 4	DDIT. FEE L mn 1.		